Snowflake 2012

High School Retreat Information Package

Snowflake 2012

Hey High School Students!

Every winter, we pack up and board a bus to head to Muskoka Woods for the Snowflake Youth Conference. This is an AGC retreat where we join High School students from other AGC churches for a weekend and have an amazing time together. It includes a guest speaker, a great worship band, games, outdoor and indoor activities, and more.

It is running from **Friday March 9th to Sunday March 11th**. The cost is noted below and includes bus transportation to and from Muskoka Woods, all meals, lodging for the weekend, prizes, etc. You may want to bring extra spending money for dinner at McDonalds on the way up and for the tuck shop.

For all attending, we need **signed forms and full payment by Thursday, March 1st**. No additional registrations will be accepted after that date. You can sign up & pay at Ignite in the Fellowship Hall on Sunday evenings or the C4 Church office during the week (9am-4pm).

Price is **$160 per student.** Please make cheques payable to Carruthers Creek Community Church. If cost is an issue and your family cannot afford this, please personally speak with Pastor Gary and we will try our best to find sponsors for you. We do not want anyone to miss out on this weekend because of finances.

Attached are the AGC Waiver, Muskoka Woods Waiver and our C4 Overnight Waiver. We need all forms completed and signed before we go.

If you have any severe dietary restrictions, make sure to note them on the C4 Overnight Waiver and return it to us by February 26 so we can inform the camp.

Everyone who's coming will need to be here at **5:30pm SHARP on the Friday night** (leave time for traffic!) We will be arriving home on Sunday afternoon at 4:00pm.

If you have any questions or concerns about anything feel free to get in touch with me at the contact info below.

Thanks for reading all of this and I hope to see you at Snowflake 2012!

Jessica Powell
Retreat Coordinator

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About Snowflake 2012

Speaker:

Our speaker this year is Kevin Loten. He is the Lead Pastor of Tapestry in Burlington, a church he and his wife Louise planted together in 2001. In January of 2012 Kevin will be stepping down from his role at Tapestry and in March he and Louise, along with their two children, Alexandra and Jacob will travel overseas to spend six months in Malawi, Africa.

Kevin is also a musician and spent 13 years as bass player for The Penny Merchants who performed and led worship across Canada. He continues to enjoy leading worship and performing in a variety of settings with his many talented musical friends.
Kevin loves his family, the outdoors, hockey, old pick-up trucks, good coffee and teaching people about Jesus.

Band:

Our band this year is Life Support they are a modern rock/worship collective whose passion is to lead people into God's presence. The band's journey began at St. Francis Xavier University in Antigonish N.S. when a few friends decided they wanted to change the atmosphere on campus. With a handful of instruments and an abandoned chapel, they began to gather for worship. Within two years the small group of ten exploded into hundreds of students. Many lives were radically changed; God's Kingdom had begun to invade... They are also actively involved in ministering to churches, youth groups, camps, and retreats. Life Support has been together for eight years and has since moved beyond the walls of St. Francis Xavier University to become missionaries to Canada.

What To Bring:

** IMPORTANT - Pack LIGHT! No hockey bags allowed! **

- Sleeping Bag/Pillow
- Clothing suitable for outdoor activities (Coats, boots, hats, gloves, etc)
- Flashlight
- Toiletries
- Camera
- Indoor Shoes for Gym
- Bible
- Snacks
- Money for McDonalds/Tuck Shop

STUDENT WAIVER FORM-Snowflake 2012 (AGC)

Name: _____ Phone Number: (___) _____

Address: _____ Apt: _____

City: _____ Province: ____ Postal Code: _____

E-mail: _____

Health Card #: _____***You must bring card with you**

Date of Birth (mm/dd/yy): ___/___/___ M or F: ___

Home Church: _____

Emergency Contact (& phone #): _____

Any special Needs (dietary, disability, allergies): _____

_____

1. In consideration for participating in the Snowflake event, I hereby acknowledge that precautions are taken for the safety and health of myself. But in the event of an accident, injury or sickness, I hereby release, discharge and covenant not to sue AGC, its staff and its volunteers from any liability, loss and damages.
2. I agree in the event that my child conducts him/herself in a manner that is disruptive, s/he will be dealt with appropriately, including the possibility of contacting the parents and/or sending the child home at my expense.
3. I agree in the event that my child requires special medication, x-rays or treatment, the parent/guardians will be notified immediately.
4. In case of surgical emergency, I hereby give permission to the physician selected by AGC to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for my child as named above.
5. I declare that my child is covered by Provincial Health Insurance or equivalent medical insurance.
6. I agree that my child is allowed to be photographed or videotaped for any AGC publications, that including web and internet broadcasting.

By signing below, we understand and agree to the above statements, and ensure the information given is **complete** and **accurate**.

Parents printed name and signature: _____

(if student is under age of 18) _____

Student's signature: _____ Date: _____

MUSKOKA WOODS
INDIVIDUAL GUEST WAIVER

The guest group will be responsible to satisfy itself that the participants of any activities have the requisite skill, provided any necessary supervision by responsible persons and see that all individual safety requirements are observed by participants, and Muskoka Woods shall have no responsibility for accident or injury.

Without assuming any liability, and in the interests of safety, in the case of any use of any of these special facilities, Muskoka Woods reserves the right, through any of its responsible employees, to insist upon all appropriate safety rules and procedures being observed and upon any degree of supervision it considers advisable being provided by the guest group, and to limit or terminate the use of any such special facilities as it may consider advisable.

In the event that a guest requires medication, X-ray, or treatment beyond that which is possible at Muskoka Woods, the guest group will be charged with the additional expense of transportation and special care. It is the responsibility of the guest group to notify the affected guest's family.

I/We authorize the administration of any first aid treatment necessary at Muskoka Woods, and in the case of medical emergency, give permission to the Physician selected by the guest group staff or sponsors to hospitalize and secure proper treatment for my child as named above. Every effort will be made to contact parents or guardians before such action.

For valuable consideration, the receipt of which is hereby acknowledged, the undersigned hereby releases and forever discharges Muskoka Woods, Muskoka Woods Youth Camp Inc., Gwitmoc Foundation (formerly John Albert Boddy Youth Camp Foundation) and Lawrason Bay Foundation (formerly Marie Boddy Foundation) and their respective members, agents, volunteers, employees, officers and directors (the "Releasees") from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of the Muskoka Woods including any programs or otherwise, unless any such loss, injury or damage may have arisen by reason of the negligence of the Releasees.

The undersigned agrees that any and all actions arising out of this agreement or the use of the Muskoka Woods will be governed by the laws of Ontario, Canada and consents to the exclusive jurisdiction of the courts in Ontario, Canada in any and all such actions.

****Group members under 18 years of age require the signature of a Parent or Guardian****
**** DO NOT remove bottom portion of waiver****

Name of School or Group: Snowflake 2012 (AGC) Dates of Trip: _March 9-11th, 2012__

_____ _____
NAME OF PARTICIPANT **DATE SIGNED**

_____ _____
SIGNATURE OF PARTICIPANT **SIGNATURE OF PARENT/GUARDIAN (IF NECESSARY)**

Note: Please ensure BOTH waiver forms (AGC and MW) are completed and signed.
Note: "Guest on the MW waiver refers to yourself.

APPENDIX 5(d) **CONFIDENTIAL**

Overnight Events Waiver & Medical Release Form

Activity: Snowflake Youth Retreat Date: March 9-11, 2012 (m/d/y)

Chaperones: C4 Ignite Leaders

Name of Child: _____ Age: _____

Address: _____

Postal Code: _____ Phone: ( )

Does your child have any allergies? (bee stings, food, penicillin, other drugs) Yes ☐ No ☐

If yes, please explain: _____

Does your child have any life-threatening allergies? Yes ☐ No ☐

If yes, please explain: _____

Is your child bringing any medication with him/her? (antibiotics, ventilator, Ritalin) Yes ☐ No ☐

If yes, please explain: _____

Does your child have any physical, emotional, mental or behavioural conditions that our staff should be aware of? Yes ☐ No ☐

If yes, please explain: _____

Please circle if your child currently, or within the last three months has had any of the following:

Appendicitis	Diabetes	Hay Fever	Mumps
Asthma	Ear Infection	Hepatitis	Severe Stomach Ache
Bedwetting	Epilepsy	Measles (German)	Sinusitis
Chicken Pox	Fainting	Measles (Red)	Tonsillitis
Date of Last Tetanus Shot:	_____		Other

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Carruthers Creek Community Church, its staff and volunteers are hereby released from any liability.

In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

In case of surgical emergency, I hereby give permission to the physician selected by Carruthers Creek Community Church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance # _____

Family Physician _____ Physician's Phone# _____

_____ _____
Parent/Guardian's Signature Date

_____ _____
Staff Reviewer's Signature Date

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